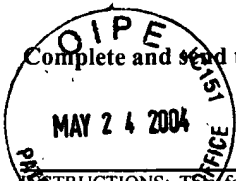


05/26/04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
P.O. Box 1450
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26345 7590 03/18/2004

~~GIBBONS, DEL DEO, DOLAN, GRIFFINGER &~~~~VECCHIONE~~~~1 RIVERMONT PLAZA~~~~NEWARK, NJ 07102-5497~~

MINTZ, LEVIN, COHN,
 FERRIS, GLOVSKY AND
 POPEO, P.C.
 666 Third Ave., 24th Fl.
 New York, N.Y. 10017

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Taricha Edis	(Depositor's name)
<i>Taricha Edis</i>	(Signature)
MAY 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/022,666	12/17/2001	Andre Van Schyndel	NTL-3.2.178/4233(14915RO)	1810

TITLE OF INVENTION: POST DETECTION CHROMATIC DISPERSION COMPENSATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, TOAN M	2863	702-085000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,
 Glovsky and Popeo, P.C.

2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NORTEL NETWORKS LIMITED

ST. LAURENT, QUEBEC, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Richard M. [Signature] 5/24/04

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